

# Johnson City Police Department

## Collision Avoidance Training Program

### PARENT/GUARDIAN STATEMENT OF PERMISSION AND RELEASE OF CLAIMS

**Student's Name** \_\_\_\_\_ **Class date** \_\_\_\_\_

I hereby request that the above-named student be allowed to participate in the Collision Avoidance Training Program. I further state that I give my consent for the above named student to participate with the understanding that:

1. The training course involves moving vehicles being operated by inexperienced drivers
2. The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle
3. Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course
4. The above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death

If I am not the owner of the vehicle which the above named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS below. I hereby certify that the vehicle which the above-named student intends to use in this course is in good working order, including the vehicle's brakes, suspension, steering and tires.

I understand the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the Johnson City Police Department, the National Traffic Safety Academy, their instructors, and the facilities and locations utilized to conduct this program from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date \_\_\_\_\_

### VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS

I hereby certify that I am the owner of the vehicle, which the above-named student intends to use while taking this training course and hereby consent to such use. I hereby certify that this vehicle is in good working order, including the vehicle's brakes, suspension, steering and tires. I understand that the training course involves moving vehicles being operated by and inexperienced driver and that damage may occur to the vehicle or to the other vehicles involved in the course. I understand the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the Johnson City Police Department, the National Traffic Safety Academy, their instructors, and the facilities and locations utilized to conduct this program from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

\_\_\_\_\_  
Vehicle Make and Model

\_\_\_\_\_  
Vehicle Owner's Signature

**NOTE:** Please include a photo copy of Insurance Card for the vehicle your son or daughter will be driving